



# Tennessee Department of Human Services Family Assistance Application

**THIS BOX DHS USE ONLY**

Case #: \_\_\_\_\_  
 Date received: \_\_\_\_\_  
 County: \_\_\_\_\_

**We will take your application with only your name, address, and signature.** But the more you tell us, the faster we can see if you can get help. If you are approved, your benefits may start from the date we receive your application. In most cases you will need to talk with a DHS worker to complete the application process.

You may be able to get SNAP/Food Stamps in 7 days if:

1. Your household's monthly income is less than \$150, and you now have resources of \$100 or less.
2. Your shelter cost (plus utilities) is higher than your monthly income plus savings.
3. You do seasonal farm or migrant work.

If you have a disability that makes it hard for you to fill out or understand this application, we can help. We can call or visit you if you cannot come to our office.

<b>Name</b>		<b>I am applying for:</b> ___ Families First ___ SNAP/Food Stamps		
<b>Home Address</b>		We may use your home or cell phone number to call and remind you of an appointment. We will leave a message if you do not answer.		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Home Phone</b>	<b>Work Phone</b>
<b>Mailing Address (if different)</b>		We use Social Security Numbers to check that you are who you say you are. We use them to make sure you get the right amount of aid, to change the amount of aid you get, to check other computer and government records, and to make sure you qualify. We check Social Security, IRS, and employment records. We may check Immigration and Naturalization Records. If those records don't match what you say, it may affect whether you can get help and how much cash or food stamps you get. If you give incorrect information on purpose to get help, you may go to jail.		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		

Do you need an interpreter? ( ) Yes ( ) No  
 If yes, what language? \_\_\_\_\_

By providing Race/Ethnicity information, it helps show if the State is following civil rights laws. Please use the following to indicate race: **W** = White/ Caucasian, **B** = Black/African-American, **A** = Asian, **H** = Native Hawaiian/Pacific Islander, **I** = American Indian/Alaska Native (**Your household is not required to give us this information and it will not affect your eligibility or benefit level.**)  
**Marital Status:** Use one of the following below for each adult member of the household: **married, single, divorced, widowed, separated**

List everyone in your household (including self) To add more people, please attach another application or sheet of paper	Is this person applying for benefits? (Yes/No)	<u>(NOT needed if person does not want to receive benefits)</u> For more information, see page 1 of the Statement of Understanding		Sex (M/F)	(Optional) Check box if Hispanic/Latino	(Optional) Race (see above) Enter all that apply	Marital Status (see above)	Date of Birth	Check box if person is pregnant	Check box if person is disabled
		Social Security Number	Check box if U.S. citizen							

I swear under penalty of perjury (making false statements under oath) and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. All persons applying for or receiving aid are U.S. citizens, legal aliens, or eligible immigrants. I understand and agree to the rules and information given to me. If asked, I will give information that proves my statement, or I give DHS permission to get proof. I understand I must report any changes the way DHS tells me to.

**Release:** The State of Tennessee or people who work for it may need to prove the information I gave is true. By signing this paper, I am saying it is OK to get proof. This will let them decide if I can get Food Stamps or Families First. I am also saying that I have read and understand the Statement of Understanding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness (if signed with an X): \_\_\_\_\_ Date: \_\_\_\_\_  
 Guardian or Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

<b>THIS BOX For Families First only: Permission to release school attendance records</b>			
I (client) give permission for the school attendance records of children on this application to be released to the Tennessee Department of Human Services by the Tennessee Department of Education or my child's school. The Department of Human Services will use these records, including social security numbers, to help me meet my Families First responsibilities. The records will be destroyed when they are no longer needed.		<b>Your SNAP/Food Stamp benefits may end if you:</b>	
<b>Signature:</b> _____ <b>Date:</b> _____ <b>I understand I may have one or two authorized representatives:</b>  _____ may apply for these benefits for me: SNAP/Food Stamp ( ) ; Families First ( ) _____ may use my SNAP/Food Stamp benefits for me ( ) ; may use my Families First benefits for me ( )  _____ may apply for these benefits for me: SNAP/Food Stamp ( ) ; Families First ( ) _____ may use my SNAP/Food Stamp benefits for me ( ) ; may use my Families First benefits for me ( )		*Give incorrect information or hide facts to get SNAP benefits; *Use someone else's Benefit Security Card without their permission; *Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts. <b>If you break these rules, you will not get SNAP/Food Stamp benefits for:</b> 1 year the first time, 2 years the second time, and forever the third time. <b>If you trade SNAP/Food Stamp benefits for drugs/controlled substances. You can be cut off for:</b> 2 years the first time and forever the second time. <b>You'll be cut off the SNAP/Food Stamp Program forever if you're found guilty of:</b> *Trading SNAP/Food Stamp benefits for guns, ammunition, or explosives or controlled substances(illegal drugs); *Selling SNAP/Food Stamp benefits worth \$500 or more.	
<b>Voter Registration</b>			
Are you registered to vote where you live now? ( ) Yes ( ) No Would you like to register to vote? ( ) Yes ( ) No Do you want DHS to mail a voter registration form to you? ( ) Yes ( ) No <b>The benefits you may receive from DHS will not change whether you register to vote or not nor does it keep you from applying for benefits.</b>			
<b>Enter information about your household's INCOME in the boxes below.</b> Income includes but is not limited to employment, self-employment, alimony, child support, disability benefits, Social Security/SSI, Worker's Compensation, Unemployment benefits, pensions, stipends, and interest income.			
<b>Person with Income taxes/expenses</b>	<b>Source of income (such as job, Social Security, child support)</b>	<b>Monthly amount before taxes/expenses</b>	
<b>List any household Resources (cash, checking ,savings, or other bank accounts, certificates of deposit, stocks, bonds, mutual funds, retirement accounts, trust funds, annuities, or other liquid assets)</b>			
Type: _____ Value:\$ _____		Type: _____ Value:\$ _____	
Type: _____ Value:\$ _____		Type: _____ Value:\$ _____	
<b>Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to \$250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.</b>			
<b>If you are between 18 to 24 years old, have you ever been in state custody as a child? Yes ___ No ___</b>	<b>Shelter Costs</b>	<b>Medical Expenses</b>	<b>Child Support Paid</b>
<b>Child Care Expenses</b>	Rent / Mortgage (circle one)	List recurring medical expenses like prescriptions or insurance premiums. These can help you get more Food Stamps if you're elderly or disabled.	If you are legally obligated to <u>pay</u> child support payments to or for a child or children enter it here:
Amount paid per week: \$ _____	Monthly amount: \$ _____	Type: _____ \$ _____ per month	Child: _____ \$ _____ per month
Child care provider name: _____	Gas/Electric \$ _____ per month	Type: _____ \$ _____ per month	Child: _____ \$ _____ per month
	Phone \$ _____ per month		
This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex, and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audio tape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a> , or at any USDA office, or call (866)632-9992 to request the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a> . Write HHS, Director, Office for Civil Rights, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201 or call (202) 619-0403 (Voice) or (202) 619-3257 (TTY). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339; or (800)845-6136 (Spanish). USDA and HHS are equal opportunity providers and employers. You may also write Tennessee, Department of Human Services, Office of General Counsel, Compliance Officer, Citizens Plaza Building, 400 Deaderick Street, Nashville, TN 37243, (615) 313-4700.			



## Tennessee Department of Human Services Statement of Understanding - Program Rules (Application Addendum)

### Important - Keep This Paper! Client Copy

Need to report a change? Have a question? Need help?  
Call us. This call is free.

**Family Assistance Service Center - 1-866-311-4287**

We are here to help you from 7:00 a.m.  
to 5:00 p.m. Monday through Friday.

If you have a disability and require special assistance, please let us know.

**FREE INTERPRETERS** -- If you don't understand English well and need help, please let us know. We will get an interpreter that will help you speak to us. This service is free. Getting an interpreter will not delay the processing of your case. We can still take your application today.

**You can apply for Families First or SNAP/Food Stamp benefits at a DHS office.** An application and interview must be completed. The DHS application can be accessed online or completed at the DHS office. You may use this form to file an application for one (1) or more programs. Your SNAP/Food Stamp application will not be denied solely on the basis that your application for another program has been denied. We will process applications for SNAP in accordance with SNAP procedures, including time frames and Fair Hearing requirements, regardless of whether the application is for SNAP and other programs. You must give us proof of who you are, your income, and other facts needed to approve your application. If you need help getting proof, ask your DHS caseworker.

If you or the person for whom you are applying is eligible for benefits, SNAP/Food Stamps or TANF benefits may be provided from the date that we receive the application with your name, address, and signature on it. The filing date will be different if the household is in an institution and applying for SNAP and SSI at the same time. In this case, the filing date is the date of release from the institution.

- **Anyone in the household applying for Families First or SNAP/Food Stamp benefits** must give us a Social Security Number and citizenship or immigration status. The Food and Nutrition Act lets us use Social Security Numbers to make sure you get the right amount of aid, to change the amount of aid you get, to check computer and government records, and to make sure you qualify. When we check computer records, we use the Income Eligibility Verification System. If those records don't match what you say, it may affect whether you can get help and how much cash or SNAP/food stamps you get. If you do not have a Social Security number, we can help you ask for one.
- If you have a Social Security Number, and you are a U.S. citizen, legal alien or eligible immigrant, then you must apply for benefits if you are a mandatory family member.
  - Example: Spouses and children and their parents must apply in the same household, unless you are opting not to apply for benefits for someone who opts not to give their SSN or immigration status.
- DHS **does not need** Social Security numbers or citizenship/immigration status for household members not applying for benefits. If a Social Security Number is provided for someone who is not applying for benefits, it will not be sent to Immigration and Naturalization Services in order to verify their status.
- You may apply for benefits for citizens and eligible immigrants even if you do not apply for benefits yourself.
- The citizenship status of an applicant household member may be subject to verification by USCIS through the submission of information from the application to USCIS and that the submitted information received from USCIS may affect the household's eligibility and level of

benefits.

Persons not applying for benefits will still have their resources and income considered.

**If you are applying for help from DHS, we may give your Social Security Number to:**

- Police who are looking for lawbreakers when the law allows or requires us or a court orders us to do so.
- Other federal or state agencies if the law allows or requires us to do so.

The collection of information on the application, including the SSN, is authorized under the Food and Nutrition Act of 2008 (formerly the Food Stamp Act), as amended, 7 U.S.C. 2011-2036. Information will be used to determine if your household is eligible or continues to be eligible to participate in the SNAP. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

**How long do we take to decide about your application?**

- Families First cash payments: We have 45 days to decide if you can receive them.
- SNAP/Food Stamps: It can take up to 30 days to decide and to give you SNAP/Food Stamp benefits if you qualify.
- To make a decision on time, DHS must have your help to get all the proof we need.

Your caseworker will tell you what changes you must report. If you receive Families First, you must report to DHS about any changes about your living situation within 10 days.

If you receive SNAP/Food Stamps and are Simplified Reporting, you must report when your monthly income goes above the SNAP/Food Stamp Gross Income Limit for your household size. Your worker will tell you what that amount was. You must report this change by the 10<sup>th</sup> day of the next month after your income changes.

**SNAP/Food Stamp benefits won't change your Families First benefits.** If your Families First cash payments stop, you may still receive SNAP/Food Stamps. But if you start receiving Families First, your SNAP/Food Stamp benefits may go down. **You will be notified of this change; however, you may receive this notice less than ten days before your SNAP/Food Stamp benefits go down**

**Your SNAP/Food Stamp benefits may end if you:**

- Give incorrect information or hide facts to get SNAP/Food Stamp benefits;
- Use someone else's Benefit Security Card without their permission or trade or sell the Benefit Security Card;
- Buy things with SNAP/Food Stamp benefits like beer, cigarettes, or soap,
- Pay on credit accounts or pay for food purchased on credit with SNAP/Food Stamp benefits.

**If you break these rules, you will not get SNAP/Food Stamp benefits for:**

- 1 year the first time.
- 2 years the second time.
- Forever the third time.

**If you use or receiving benefits in a transaction involving the sale of a drug or controlled substance you can be cut off for:**

- 2 years the first time.
- Forever the second time.

**You will be cut off the SNAP/Food Stamp Program forever if a court finds you guilty of:**

- Trading SNAP/Food Stamp benefits for guns, ammunition, or explosives.
- Selling SNAP/Food Stamp benefits worth \$500 or more.

**You will not get SNAP/Food Stamp benefits for ten (10) years if you lie about who you are or where you live in order to receive multiple SNAP/Food Stamp benefits.**

**If you do not follow your Families First plan, we may cut your Families First cash payments or your SNAP/ Food Stamp benefits may be reduced.**

**If you do not report your work income, or are found guilty of breaking SNAP/Food Stamp Program rules on purpose, you may have to pay back money if you get too many SNAP/ Food Stamp benefits.**

**People who break these rules may go to prison, be charged under federal laws, or be fined up to \$10,000. If a SNAP/Food Stamp claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.**

**Some household members must register for work if they want to receive SNAP/Food Stamps.**

Your worker will tell you who in your household must register to qualify. By signing the application, you are agreeing for required members to be registered. If this happens, those required to register may have to go to the Department of Labor and Workforce Development (DOLWD) for an interview. They will work with you to help prepare you to find employment that fits your skill set. Some members may be required to participate in Employment and Training activities to maintain eligibility. You should also accept and keep suitable employment. Individuals who fail to cooperate without a good cause may be disqualified from SNAP.

An ABAWD is an able-bodied adult between the ages of 18 and 49 without dependents in the household, if otherwise not exempt, can only be eligible for three (3) months of SNAP benefits in a three (3) year period unless they are participating in the SNAP work requirement. Beginning January 1, 2016, the ABAWD SNAP work requirement will be to:

- Work at least an average of 20 hours per week (80 hours per month) or more, OR
- Participate in a qualified training program for an average of 20 hours per week (80 hours per month) or more

Qualified training programs are offered through the Department of Labor and Workforce Development and can be:

- A program under the Workforce Innovation and Opportunity Act of 2014;
- A program under section 236 of the Trade Act of 1974; OR
- Attendance in Adult Basic Education (ABE) classes

ABAWD participants will only be eligible to receive SNAP benefits for three (3) months in a thirty-six (36) month or three (3) year period beginning January 1, 2016.

**You may get more SNAP/Food Stamp benefits if you have proof of these kinds of expenses:**

- Medical;
- Child or dependent care;
- Child support; or
- Housing or utilities

**Your DHS caseworker can help you get proof.** But you must report the expense and give us proof. If you don't tell us about these expenses and give us proof, we will assume you do not want the deduction and you won't get more Food Stamp benefits.

## **Families First Information:**

If you get Families First cash payments you don't qualify for, you must pay the State back. You can:

- Pay from your Families First cash payments.
- Pay in cash, if you don't receive Families First.

If you give incorrect information or hide facts to get Families First cash payments, you can be taken to court. You may be charged with perjury (lying under oath), theft or another crime, and may be sentenced to time in jail. If you break Families First rules on purpose, we call this an Intentional Program Violation. If you are found guilty, you could be cut off Families First for:

- 6 months the first time;
- 1 year the second time; and
- Forever the third time

It is illegal to get cash payments in two states at the same time. Anyone who does this may be cut off cash payments for 10 years.

You are prohibited from using your EBT Card in the following locations: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories. If you violate this provision, you may have to pay back the amount purchased for the first and second offense. On the third violation, the caretaker of your household may be deemed permanently ineligible to use an EBT Card for the purpose of accessing his/her families first cash benefits, and a protective payee may be designated to access and manage the families first benefits.

## **Your children can get Families First OR SNAP/Food Stamps benefits but you cannot if you are:**

- A fleeing felon
- A parole or probation violator
- Guilty of a drug-related felony that was committed after August 22, 1996, unless you meet a specific exception.

Your caseworker can give you more information about the exception.

## **To get Families First cash payments, you must sign and follow a Personal Responsibility Plan.**

This plan may require you to go to a work and/or education activity.

## **Important information about Child Support and Families First:**

**You may be able to get Families First cash payments and child support at the same time.** If you get Families First, you must help us prove who the child's father is. You must also work with us to collect child support for the children on Families First. We won't try to collect support if you prove there is a good reason not to do so. All child support must go first to DHS. If the parent gives you money directly, you must send it to DHS. **You may be able to get some or all of the child support back.** We call these payments child support pass-through payments.

The amount of your child support pass-through payment depends on both your "unmet need" and the amount of child support paid. We figure your unmet need based on:

- How many people the Families First cash payment covers
- How much other income you have
- You can ask your DHS caseworker how much your unmet need is.

**Do you want to apply to vote in the next election?** Federal and state law requires that we ask if you want to register to vote. We must ask you this question any time you apply or re-apply for benefits,

when you are recertified for benefits, or if you call to tell us you have moved. We will help you to fill out all the forms.

### **Voter Registration Information:**

- The benefits you may receive from DHS will not change whether you register to vote or not.
- We can help you apply. The decision to get help is yours. You may fill out the form in private.
- You may file a complaint with the Coordinator of Elections, Secretary of State's Office, 900 William R. Snodgrass Tennessee Tower, Nashville, TN 37243, 1-615-741-7956, Tennessee Relay Center, 1-800-848-0299, if you believe:
  - Someone has interfered with your right to register or to decline to register to vote.
  - Someone has interfered with your right to privacy in deciding whether to register or in applying to register to vote.
- If you choose to register or decline, we will not tell anyone outside the election commission about your choice or where you applied. We will only use this for registration purposes.
- You can't vote until you get your voter registration card. If you do not have the card in three weeks, check with the Election Commission.
- The County Election Commission will see if you are able to register to vote. This is **not** done by DHS or the TennCare Bureau.
- If you mail your application to your county election commission, you must vote in person the first time you vote.
- We will mail you a "Mail-In Application for Voter Registration" form within 30 days if you are telling us by phone or internet about:
  - An address change
  - An application
  - A re-application
  - A re-certification
  - A review

If the deadline to register is less than 30 days away, we will mail the form to you within 5 days or the next work day if we can.

### **HIPAA:**

The federal **HIPAA** law says we must keep facts about your health private. It also says we must give you this notice. Here are the rules that we must follow to keep the facts about your health private. These rules can change. If important changes are made, we will tell you.

### **In order to determine your eligibility for Families First, DHS may share your private health information with:**

- Some employees of the Department who need it to decide if you can get Families First.
- DHS may also share your private health information with the federal Department of Health and Human Services because they provide oversight of the Families First program.

**With your prior written consent, DHS may share your private health information with any other person or entity, such as** your health care providers, an attorney, and/or members of your family.

### **If you are not able to provide prior written consent, DHS may share your private health information with:**

- An authorized representative – who will also have the right to provide written consent for release of your private health information to other individuals and entities;

- A family member or others involved in your health care. You may ask us not to tell them your information. We will agree if we can. If you are a minor child or in an emergency, we may not be able to agree.

**Without any prior consent, DHS may also share your private health information:**

- With a health oversight agency or law enforcement as required by law for purposes of investigating fraud allegations related to receipt of program benefits;
- With any other individual or entity, including law enforcement and other government agencies, when allowed by law or when required to do so by a court order;
- With another individual or entity for purposes of research, as permitted by law.

**RIGHTS ABOUT YOUR HEALTH INFORMATION**

**You have the right to:**

- See your health records, except where limited by law.
- Get copies of your health records, except where limited by law.
- Talk to us about how we use and share your health information.
- Ask us to change health information that you think is wrong. You must ask us to change it in writing and tell us why. We may not be able to change it. If we can't change it, we will tell you why.
- Ask us not to share some facts about your health information. You must ask us in writing. You must tell us what facts you don't want shared. You must tell us who you don't want us to share those facts with. But, there may be some times when we cannot agree to your request. We will tell you why.
- Take back you're okay to share your health information. If you signed an authorization form, you can take it back any time. But, you must do it in writing. This will not change any facts we have already shared.
- Ask us to contact you in a different way or at a different address. You must tell us in writing.
- Ask for a copy of DHS's privacy practices.

**QUESTIONS or COMPLAINTS**

**Do you have questions about this notice? Please call 1-888-863-6178. In Davidson County, call 615-313-5790. TTY#1-800-270-1349.**

**Do you have a complaint about how your private health information was handled? You can call or write one of the offices listed below to ask questions or make a complaint. You will not lose your eligibility if you complain or ask a question.**

In accordance with federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. Send your completed complaint form or letter to us by mail at U.S. Department of

Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Write HHS, Director, Office for Civil Rights, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201 or call (202) 619-0403 (Voice) or (202) 619-3257 (TTY). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA and HHS are equal opportunity providers and employers. You may also write Tennessee, Department of Human Services, Office of General Counsel, Compliance Officer, Citizens Plaza Building, 400 Deaderick Street, Nashville, TN 37243, (615) 313-4700.

**Your right to a fair hearing:**

**What if you don't agree with what we decide on your application or case? You can appeal for a fair hearing. You may speak for yourself at the hearing. You also may bring a friend, relative, or lawyer to speak for you. After you hear from us, you have 90 days to file an appeal for Families First and Food Stamp benefits.** If you want to continue your benefits while the appeal is being decided, you must ask us within 10 days for Families First and Food Stamps. If you lose the appeal, you may have to pay back the benefits you received during the time the appeal was being decided. **If you want to file an appeal, tell your DHS caseworker. You can also call the Family Assistance Service Center at 1-866-311-4287. This is a free call.**

**Permission to release school attendance records:**

I (client) give permission for the school attendance records of children I included on this application to be released to the Tennessee Department of Human Services by the Tennessee Department of Education or my child's school. The Department of Human Services will use these records, including social security numbers, to help me meet my Families First responsibilities and the records will be destroyed when they are no longer needed.

**Permission to contact me:**

I agree that DHS may contact me by U.S. Mail and by phone at the address and numbers indicated on my application, and leave messages when I am unavailable, as necessary to provide information about my application for benefits / services or the benefits / services that I am already receiving.